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ABSTRACT

Shortcomings of the "Seriously Emotionally Disturbed" (S.E.D.) criteria set forth in Public Law 94-142 are discussed and the possibility of integrating other classification methods, specifically those in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM III), is raised and critiqued. Findings of a study surveying the opinions of school psychologists on the acceptability of the S.E.D. criteria and of DSM III are then reported. Questionnaires were mailed to 381 school psychologists in Texas where the adoption of aspects of DSM III is being considered, and 291 were returned for a 77% return rate. Results indicated that 54% view the S.E.D. criteria as not very adequate at best and 67% agree or strongly agree with the proposed adoption of a set of classifications from the DSM III to specify type and severity of emotional disturbance. On 9 of 10 items directly comparing the S.E.D. guidelines and DSM III, the majority voiced strong consistent support for DSM III. Associated with the positive opinions about DSM III were: (1) respondent's district used it, (2) respondent had adequate knowledge of DSM III, (3) respondent had experience with DSM III, and (4) respondent considered the S.E.D. criteria inadequate. Caution is urged regarding use of DSM III until additional research is completed. (Author/CL)

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DSM III in the Schools? What School Psychologists Think

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RUNNING HEAD: DSM III in the Schools

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Abstract

Shortcomings of the "Seriously Emotionally Disturbed" criteria set forth in Public Law 94-142 are discussed and the possibility of integrating other classification methods, specifically DSM III, is raised and critiqued. Findings of a study surveying the opinions of school psychologists on the acceptability of the S.E.D. Criteria and of DSM III are then reported. Questionnaires were obtained from 293 school psychologists in Texas (a 77% return rate), where the adoption of aspects of DSM III is being considered. Results indicated that 54% view the S.E.D. criteria as not very adequate at best and 67% agree or strongly agree with the proposed adoption of a set of classifications from the DSM III to specify type and severity of emotional disturbance. On 9 of 10 items directly comparing the S.E.D. guidelines and DSM III, the majority voiced strong and consistent support for DSM III. Associated with the positive opinions about DSM III were a) one's district using it, b) having adequate knowledge of DSM III, c) having experience with DSM III, and d) finding the S.E.D. criteria inadequate. Additional research is needed which investigates the reliability, validity, and impact of using DSM III in the schools and caution is urged regarding its use until additional research is completed.

Emotionally disturbed children experience difficulties in their thoughts, emotions, behaviors, and interpersonal relationships that cause marked distress to themselves and others (Tharinger, 1985). School psychologists often evaluate children referred for possible emotional problems to determine if they qualify for special educational services. The qualification involves the use of the specific criteria for "Seriously Emotionally Disturbed" set forth by the Federal rules and regulations under Public Law 94-142. Seriously Emotionally Disturbed is defined in P.L. 94-142 as follows:

> (i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance: (a) an inability to learn which cannot be explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (c) inappropriate types of behavior or feelings under normal circumstances; (d) a general pervasive mood of unhappiness or depression; or (e) a tendency to develop physical symptoms or fears associated with personal or school problems. (ii) The term includes children who are schizophrenic. The term does not include children who are socially malajusted, unless it is determined that they are seriously emotionally disturbed. (Federal Register, Vol. 42, No. 163, 1977, p.42478, as amended in Federal Register, Vol. 46, 1981, p. 3866.

The above description is based on a definition provided by Bower (1970) following an extensive research project with emotionally

disturbed public school children. It is interesting to note that Bower's resultant definition did not include the word "seriously" or section (ii) (Bower, 1982). The clause appended to the Bower definition which excludes children who are socially maladjusted but not emotionally disturbed has created widespread confusion and controversy. Bower (1982) states that "the definition is contradictory in intent and content with the intent and content of the research from which it came" (p.60). Kauffman (1980) has noted that the addition of the clause excluding socially maladjusted children "makes the definition nonsensical in any conventional logic" (p.524).

Clear guidelines for determining that a child is socially malajusted and not emotionally disturbed have not appeared. Although clear differentiations have been made between emotional disturbances (anxiety/withdrawn reactions) and conduct disorders (fighting, destructiveness, uncooperative behavior) (Rutter & Garmezy, 1983), children with conduct disorder are not necessarily socially malajusted. These children qualify as seriously emotionally disturbed (S.E.D.) under P.L. 94-142 and often meet the specific characteristics under (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers, and (c) inappropriate types of behavior or feelings under normal circumstances. According to the characteristics in the P.L. 94-142 definition, the handicapping condition of serious emotional disturbance is not reserved only for anxious-withdrawn children (e.g., neurotic).

Other issues also remain unclear. The application of the P.L. 94-142 definition has been difficult because the five characteristics put forth in the definition as well as the terms "long period of time" and "marked

degree" lack specificity. In fact, no research has been reported on the reliability and validity of the P.L. 94-142 S.E.D. criteria. Thus, it is not surprising that practitioners and administrators have struggled with the interpretation and application of the definition.

Although some psychologists may value the definition's ambiguity because it allows flexible application of professional guidelines and standards, other psychologists find the lack of delineated guidelines leaves them ill equiped to determine if a child meets the S.E.D. criteria. The lack of adequate guidance experienced by some psychologists raises the issue of the possible need to develop and adopt more specific criteria to be used with the current P.L. 94-142 definition.

Some psychologists in the schools have begun to view the Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition (American Psychiatric Association, 1980)--DSM III--as a better classification system to deal with some of the foregoing problems. The DSM III is the prominent system used to diagnose emotional and behavioral problems in children and adolescents in clinics, hospitals, and private clinical practices and is beginning to make it entrance into schools. School Psychologists are being encouraged by Sattler (1984) to become familiar with DSM III in order to have valuable guidelines for understanding mental disorders, to communicate more effectively with the psychiatric community and community mental health network to follow individual cases, and to understand the relation between the categories of DSM III and P.L. 94-142. A logical question is whether DSM III classifications could be used effectively to supplement the P.L. 94-142 S.E.D. definition. That is, would the combined use of the two systems result in more specific and effective guidelines for making

a decision that a child qualifies for special educational assistance as a result of serious emotional disturbance?

Although DSM III's appearance is recent, it already has a long history. From its beginning, the DSM III has stirred controversy in the psychological community and has yet to be officially approved by the American Psychological Association. Although it has been applauded as a classification system for its multiaxial approach, specific behavioral criteria, and its atheoretical orientation (Kazdin, 1983), it has also been widely criticized for its low reliability and validity, especially with the disorders first evidenced in childhood and adolescence (Achenbach, 1982), and the overextensiveness of its coverage (Garmezy, 1978). To be fair, one should recognize that no single classification scheme for childhood psychopathology has been universely accepted as being sufficiently reliable and valid (Garber, 1984). Thus, the DSM III does not stand alone in its limitations.

Separate from judgments regarding the usefulness, reliability and validity of DSM III as a clinical classification system for children and adolescents, however, is the question of its appropriateness in the educational community. The usefulness of DSM III disorders for specifying the types and severity of emotional conditions for children being considered for special education due to the effects their emotional conditions have on their educational performance has yet to be demonstrated. It is not clear which DSM III disorders match the criteria set forth in the S.E.D. definition, although an attempt at a matchup has been made (Stenkovich, 1983). In addition, DSM III does not clearly differentiate severity of disorders (Achenbach, 1982), incorporate a developmental orientation in its view of childhood psychopathology (Garber 1984),

or suggest specific psychological, therapeutic, or educational interventions for particular disorders. Thus, the value of using DSM III in the educational community is currently unknown.

These issues suggest the need for extensive study of the roles of DSM III in the schools. There is currently an opportunity in Texas which will eventually result in the study of many of the basic issues. The Texas Education Agency is examining the use of classification systems to supplement the P.L. 94-142 S.E.D. definition. In July, 1983, the Texas Education Agency adopted a rule mandating the development, field testing, and approval of a set of classifications to specify types and severity of emotional disturbance based on selected criteria from the DSM III. A task force has been set up to carry out this rule, and field testing is planned for 1985-1986, with results available in late 1986 or 1987.

The situation in Texas, however, has heightened the awareness of these important issues and has encouraged independent research. The following is a report of the first in a series of studies designed to examine attitudes toward DSM III and the feasibility, reliability, validity, and impact of the use of DSM III in the schools. The aim of this first study was to survey the opinions of school psychologists working in public schools in Texas regarding the Texas Education Agency's plans and examine factors associated with the respondents' opinions.

Method

Sample

A questionnaire was mailed to 381 psychologists and psychological associates employed in the Texas Public Schools and listed in the 1982-1983 Education Agency roster. A total of 293 questionnaires

were returned, for a 77% return rate. The respondents reported the following employment positions: 7% are directors or coordinators of psychological services, 20% are certified or licensed psychologists (a doctoral level position) 68% are certified psychological associates (a master's level position), 2% are psychologists in private practice who hold contractual arrangements with a school district, and 4% are in other positions. Twenty-eight percent of the respondents hold a doctorate and 72% hold a master's degree. The group's mean age is 40 and the average years of experience in current positions was 6.6. Fifty percent of the sample reported being from an urban area, 23% from a suburban area, 15% from a town, and 11% from a rural area.

Materials

A questionnaire booklet consisting of 8 pages and 35 questions was developed. The approach to the questionnaire utilized the total design method (TDM) (Dillman, 1978). The TDM consists of two parts. The first is to identify each aspect of the survey process that may affect either the quality of quantity of response and to shape each of them in such a way that the best possible responses are obtained. This step is guided by a theoretical view about why people respond to questionnaires. The second part is to organize the survey efforts so that the design intentions are carried out in complete detail. This step is guided by an administrative plan, the purpose of which is to ensure implementation of the survey in accordance with design intentions.

In addition to supplying demographic data, the respondents were asked to respond to the following.

1. Respond to the questions "Have you found the P.L. 94-142 definition adequate for deciding whether a recommendation of "Seriously Emotionally

Disturbed" should be made?"; "What is your current knowledge of DSM III?"; "Will DSM III be used in your district/co-op during the 1983-84 school year?[2] and "Have you used DSM III in a school setting to specify the "type" of emotional disturbance following a psychological assessment of the child?"

2. Compare the current guidelines for evaluating characteristics of emotional disturbance (i.e., P.L. 94-142) with the use of DSM III classifications to specify the type of emotional disturbance, and rate on a 1 to 5 scale (1 = strongly disagree, 5 = strongly agree) their agreement/disagreement as to whether the DSM III would: (a) lead to more precise or differential diagnosis; (b) allow for a more fully developed framework from which to view emotional disturbance; (c) be inappropriate because it would introduce a psychiatric tool with a medical origin into the educational system; (d) result in more delineated/specific information given to the teacher regarding the child's emotional/behavioral functioning; (e) provide more information to guide psychotherapeutic interventions; (f) allow for systematic data collection for research purposes; (g) allow for a common language and better communication between schools and mental health agencies regarding the education and treatment of emotionally disturbed children; (h) result in an increased emphasis on assessing behavioral functioning; (i) result in deemphasis on data obtained through clinical interviews and projective techniques; and (j) provide a more reliable and valid clarification because of the specified behavioral criteria for each DSM III classification.

3. Respond to the statement, on a 1 to 5 agreement/disagreement scale, "I support the adoption of a set of classifications from the DSM III to specify the specific type and severity of emotional disturbance."

Procedure

The surveys, along with a cover letter, were mailed in October, 1983, with a follow-up letter sent approximately 2 weeks later to those who did not respond to the initial mailing. Those surveys received by the end of January were included in the data analysis.

Results

Individual Items

Twelve percent of the sample stated that "Yes, definitely" they have found the P.L. 94-142 definition adequate; 34% responded "Yes, but marginally adequate", 39% stated "No, not very adequate"; and 15% responded "No, totally inadequate." Thus, 54% think that the P.L. 94-142 guidelines are, at best, not very adequate for deciding whether a recommendation of seriously emotionally disturbed should be made. No significant difference was found between doctoral and masters level school psychologists' responses as determined by a t-test.

Five percent of the respondents report having no knowledge of DSM III or have only heard about it, 61% report having had informal training, and 34% report having had formal training. A significant difference was found by degree; doctoral level school psychologists report having more advanced training than school psychologists with masters degrees ($t(289)=6.54, p<.001$).

In response as to whether DSM III will be used in their district or co-op during the 1983-84 school year, 57% indicated it will be required for specifying type of emotional disturbance, 24% indicated it will be optional, 9% indicated it will not be used but is under consideration, and 10% indicated it will not be used. Finally, 64% of the respondents replied that they had used DSM III in a school setting to specify the type of emotional disturbance. A significant difference was found by degree; doctoral level

school psychologists reported using DSM III more often than school psychologists with masters degree ($t(278)=4.14, p<.001$).

The means and standard deviations of the respondents' degree of agreement on a five point scale on the 10 items comparing P.L. 94-142 and DSM III are presented below. In general, the respondents agreed ($X>3.00$) that the use of DSM III would (a) allow for a common language and better communication between schools and mental health agencies ($\bar{X}$ = 4.06, S.D. = .97); (b) lead to more precise or differential diagnosis ($\bar{X}$ = 3.91, S.D. = 1.07); (c) allow for a more fully developed framework from which to view emotional disturbance ($\bar{X}$ = 3.77, S.D. = 1.08); (d) allow for systematic data collection for research purposes ($\bar{X}$ = 3.75, S.D. = .95); (e) result in an increased emphasis on assessing behavioral functioning ($\bar{X}$ = 3.67, S.D. =1.14; (f) provide a more reliable and valid classification system ($\bar{X}$ = 3.63, S.D. = 1.13); (g) provide more information to guide psychoptherapeutic interventions ($\bar{X}$ = 3.46, S.D. = 1.21); and (h) result in more delineated information given to the teacher regarding the child's emotional and behavioral functioning ($\bar{X}$ = 3.10, S.D. = 1.24). Respondents mildly disagreed that the use of DSM III would (a) be inappropriate because it would introduce a psychiatric tool with a medical model origin into the education system ($\bar{X}$ = 2.46, S.D. = .08), and (b) would result in a deemphasis on data obtained through clinical interviews and projective techniques ($\bar{X}$ = 2.32, S.D. = 1.01). There were no significant differences as tested by t-tests in the scores of doctoral and masters level school psychologists on any of these 10 items.

When asked to indicate their support for the adoption of a set of classifications from DSM 111 to specify types and severity of emotional disturbance, 27% strongly agreed, 40% agreed, 11% were neutral, 10%

disagreed, and 12% strongly disagreed. Thus, two-thirds of the sample agree with the Texas Education Agency's plan to field test and approve a set of classifications enumerating the type and severity of emotional disturbance based on selected criteria from DSM III. No significant difference was found between the responses given by doctoral and masters level school psychologists as determined by a t-test.

Internal Consistency of Opinion Scale

A reliability analysis of the data from the 10 items comparing P.L. 94-142 and DSM III was conducted, reversing the sign of the two negatively worded items so that all items were in the same direction. Results revealed that 9 of the 10 items fit together exceptionally well, yielding an alpha coefficient of .92. Thus, these nine items can be thought to constitute a scale. The addition of the tenth item, "deemphasis on data through clinical interviews and projectives," lowered the alpha coefficient, indicating that the responses to this item are inconsistent with the other nine items. The mean score for the nine items was computed to represent a composite score in subsequent analyses, entitled "Opinion about DSM III."

Relations Between Variables

Relations between two dependent variables and nine independent variables were determined through Pearson Product-Moment correlation analyses and analyses of variance tests. The two dependent variables were "Opinion about DSM III" and "Support for the Adoption of DSM III." The independent variables were five demographic features, "Position," Degree," "Age," and "Setting," and four other items, "District using DSM III," "Current Knowledge of DSM III," "Perceived Adequacy of P.L. 94-142," and "Used DSM III."

The following independent variables correlated significantly with "Opinion about DSM III" and "Support for the Adoption of DSM III", respectively: "District Using DSM III" ($r=.17, p<.004$; $r=.32, p<.001$); "Perceived Adequacy of P.L. 94-142" ($r=.26, p<.001$; $r=.23, p<.001$); and "Current Knowledge of DSM III" ($r=.17$, $p<.004$; $r=.15$, $p<.001$). Respondents whose districts are using DSM III, who have training, and who perceive P.L. 94-142 S.E.D. criteria as being inadequate report favorable opinions about the use of DSM III and its adoption. In addition, there was a significant difference between respondents who have "Used DSM III" and those who have not on both "Opinion about DSM III" ($t(264)=4.96, p<.001$) and "Support for the Adoption of DSM III" ($t(276)=4.00, p<.001$). Respondents who have used DSM III had signficantly higher scores on both, indicating a relationship between experience and favorable attitudes. The independent variables "Position," "Degree," "Age," "Experience," "Setting," and "Assess Emotional Disturbance" were not significantly related to either of the dependent variables.

Discussion

The purpose of this paper was to raise issues about methods for the classification of emotionally disturbed children in the schools. The aim of the study reported was to gather school psychologists' opinion about the use of DSM III classifications to specify types and severity of "Serious Emotional Disturbance." The specific contrast was with the P.L. 94-142 S.E.D. criteria. The majority of the school psychologists sampled (54%) voiced dissatisfaction with the adequacy of P.L. 94-142 guidelines for deciding whether a recommendation of Seriously Emotionally Disturbed should be made. This finding fits with negative sentiment expressed in the literature regarding the definition itself (Bower, 1982; Kauffman,

1980) and confirms that many practitioners find it lacking. Furthermore, the majority (67%) agree or strongly agree with the proposed adoption of a set of classifications from the DSM III to specify types and severity of emotional disturbance. When asked to specifically compare P.L. 94-142 with DSM III, the majority of the respondents voice moderately strong and consistent support for DSM III. The respondents' supportive opinions about the use of DSM III and its proposed adoption is associated with their district requiring its use, having adequate knowledge and experience with DSM III, and thinking that the P.L. 94-142 S.E.D. criteria are inadequate. Thus, general familiarity with DSM III appears to be positively related to the school psychologists' positive opinions about it.

Although the school psychologists expressed generally positive opinions about DSM III, only 34% reported having formal training in its use. The majority (61%) report having informal training, suggesting that they have instructed themselves, and 5% report no knowledge or training. If DSM III is adopted to supplement the P.L. 94-142 guidelines, it is important that school psychologists receive substantial formal training in its use.

It is not possible to determine if the results of this survey would be similar to those obtained in other states. Texas may be unique in that a large percentage of the respondents (64%) report having used DSM III in their school setting to specify type of emotional disturbance. In addition, 57% report that its use is required in their district and an additional 24% indicate that its use is optional. These conditions occur even though the Texas Education Agency does not insist on its use and has just begun its study on the use of selected criteria from DSM III. Administrators of psychological services may have set local policy early,

anticipating possible changes.

The study was restricted to a questionnaire methodology to examine school psychologists' opinions. School-based, empirical research is needed which investigates the feasibility, reliability, and validity of using DSM III in the schools. If the system proves to be unreliable and invalid, its addition may not be much of an improvement. Finally, research is needed on the impact a DSM III diagnosis in the educational setting has on children, their families, teachers, and educational programs. Although school psychologists may be favorably disposed toward DSM III, until more work is completed in this area, the most appropriate roles for DSM III in the schools remains unclear.

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